

## NPI Enrollment Instructions

The Welcome Page gives two options. For districts and therapists **choose, "Health Care Provider."**

- 1) Health Care Providers: **(Both districts and individual therapists choose this)**
- 2) Health Plans: N/A

The next page, NPI, gives you four options. To enroll for the first time, **choose "Apply Online for an NPI."**

- 1) Need an NPI (Apply Online for an NPI): **(CHOOSE THIS)**
- 2) Want to View or Update Your NPI Data: **(Login)**
- 3) Want to Create a Web Login for an Existing NPI? **(Create Login to view or Update your NPI Data)**
- 4) Additional Resources:
  - NPI Application/ Update Form
  - Application Help
  - Privacy Information
  - FAQ
  - NPI Final Rule
  - Contact Information
  - CMS NPI Page

The next page, "NPI Instructions", states the **information that is needed to complete the application.**

<b>Information Required for Individual Providers</b> <b>(Individual Therapists)</b>	<b>Information Required for Organizations</b> <b>(School District)</b>
<b>Provider Name:</b> (Enter therapist Name) <b>SSN:</b> (Enter SS#) <b>Provider Date of Birth:</b> (Enter DOB) <b>Country of Birth:</b> (Enter Country) <b>State of Birth:</b> (Enter State) <b>Provider Gender:</b> (Enter Gender) <b>Mailing Address:</b> (Use district Main Address) <b>Practice Location Address &amp; Phone Number:</b> (Same) <b>Taxonomy/Provider Type:</b> (Choose Agency – Local Education Agency) <b>Contact Person Name:</b> <b>Contact Person Phone Number &amp; Email:</b>	<b>Organization Name:</b> (Enter District Name) <b>Employer Identification Number:</b> (Enter Federal Tax ID) <b>Name of Authorized Official of Organization:</b> (Enter Superintendent Name) <b>Phone Number of Authorized Official:</b> (Enter Superintendent's Phone Number) <b>Organization Mailing Address:</b> (Enter District Main Address) <b>Practice Location Address &amp; Phone Number:</b> (Same) <b>Taxonomy/Provider Type:</b> (Choose Agency - Local Education Agency) <b>Practice Location Address &amp; Phone Number:</b> (Same) <b>State License Information:</b> (Leave Blank) <b>Contact Person Name:</b> <b>Contact Person Phone Number &amp; Email:</b>

The next page, "Login Information," requires you to **create a login and password.**

The next page, "Entity Type," gives two options:

Type 1: An Individual Who Renders Health Care Services: (Individual Providers choose this)

Type 2: An Organization that Renders Health Care Services: (School Districts choose this)

The following pages ask for the information listed under the NPI Instructions above:

Provider Profile:

Mailing Address: (Do not use PO Box)

Practice Location:

Other Identifiers: (Enter MO Medicaid Number on this page)

Taxonomy: (Districts need to choose Agency (Hit Next) then Local Education Agency (Save) 251300000X)

Leave State License Number blank on this page for districts)

Contact Person:

Certification: